

123003
15541 U.S.P.T.O.UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	42P17985
First Inventor	Akira Kakizawa, et al.
Title	A Method and an Apparatus for Testing Transmitter and Receiver
Express Mail Label No.	EV 336589159 US

2141-0749629
U.S.P.T.O.

12303

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration (signed) [Total Pages 4]	10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Application Amended to Reflect Claim of Priority
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
Prior application Information: Examiner _____ TBA	17. <input type="checkbox"/> Other: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

 Customer Number

08791

or Correspondence address below

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Name (Print/Type)	Chui-Kiu Teresa Wong	Registration No. (Attorney/Agent)	48,042
Signature	C7		

Date 12/30/03

Based on PTO/SB/05 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 08/11/2003.
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EV336589159US

FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 1,054.00)

FEE TRANSMITTAL for FY 2003		<i>Complete if Known</i>				
		Application Number	TBA			
		Filing Date	December 30, 2003			
		First Named Inventor	Akira Kakizawa			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Examiner Name	TBA			
		Group/Art Unit	TBA			
TOTAL AMOUNT OF PAYMENT		(\$)		1,054.00	Attorney Docket No.	42P17985

METHOD OF PAYMENT (*check all that apply*)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account				

Deposit Account 02-2666

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	<u>Fee Paid</u>
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(2)	770.00

2 EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	24	- 20* =	4	X 18.00 = \$72.00
Independent Claims	5	- 3* =	2	X 86.00 = \$172.00
Multiple Dependent				=

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over

*or number previously paid, if greater. For Reissues, see below.

SUBMITTED BY

Complete (if applicable)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Chui-Kiu Teresa Wong	Registration No. (Attorney/Agent)	48,042	Telephone (408) 720-8300
Signature				Date 12/30/03

Based on PTO/SB/17 (08-03) as modified by Blakely, Solokoff, Taylor & Zalman (wtr) 08/11/2003.
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